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ABSTRACT

This memo is an update of a previous memo to the Special Committee on Teenage Pregnancy Prevention and Related Issues. It lists the suggestions that have been submitted by Committee members to staff as of February 21, 1991; and includes suggestions made since the January 24, 1991 meeting of the Special Committee. The suggestions are broken down into three categories for this memo. The first category focuses on educational programs other than human growth and development instruction. Issues such as child care for student parents, a pilot family education program, establishing education that is free of racial and sexual stereotyping, and establishing four abstinence-based pilot programs are addressed. The second category focuses on suggestions related to health and community programs. School-based and school-linked clinics are discussed first, focusing on issues surrounding contraception, funding for clinics that provide comprehensive services to teenagers, and start-up funds for three school-based or school-linked comprehensive health clinics. Suggestions are included for health and community programs that encourage services, easy access to contraceptives, personnel training, grant programs for a multifaceted approach to pregnancy prevention, and focusing efforts on areas where the teenage pregnancy rate is highest. The third category focuses on other suggestions, ranging from providing grants for community awareness grants, to conducting outreach with at risk populations, to providing funds for program evaluation and assessment. (BHK)

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TEENAGE PREGNANCY PREVENTION AND RELATED ISSUES
MEMO NO. 7
February 22, 1991
[Revised February 28, 1991]

TO: MEMBERS OF THE SPECIAL COMMITTEE ON TEENAGE PREGNANCY PREVENTION AND RELATED ISSUES

FROM: Richard Sweet and Pam Russell, Senior Staff Attorneys

SUBJECT: Revised Summary of Suggestions for Teen Pregnancy Prevention Legislation

This Memo is an update of MEMO NO. 6 to the Special Committee on Teenage Pregnancy Prevention and Related Issues. It lists the suggestions that have been submitted by Committee members to staff as of February 21, 1991, and includes suggestions made since the January 24, 1991 meeting of the Special Committee. Not included are those human growth and development instructional program suggestions that the Committee dealt with at the January 24 meeting. Each listed suggestion includes the name of the Committee member who made it.

This Memo is intended as a starting point for discussion of possible Committee recommendations at the March 1, 1991 meeting of the Special Committee. The Memo is not an exhaustive list of potential recommendations for the Committee; rather, it is a compilation of suggestions that have been submitted by Committee members.

The suggestions submitted were broken down into categories for purposes of this Memo. Since some of the suggestions fall into more than one category, an attempt was made to place them in the category that was most appropriate.

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I. SUGGESTIONS RELATED TO EDUCATIONAL PROGRAMS OTHER THAN HUMAN GROWTH AND DEVELOPMENT INSTRUCTION

A. Require or encourage school age parent programs to have a child care component for student parents who continue their education or vocational training [Daniel Nerad].

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B. Provide $200,000 annually to the Department of Health and Social Services (DHSS) to fund a pilot family education program designed to reach 4,000 families. The goals of the pilot program would be: (1) encouragement of sexual abstinence to avoid teenage pregnancy and other health problems; and (2) encouragement of family communication on issues of sexuality and responsible decision-making [Judith Selle].

C. Require that all programs of pupil instruction, teacher training and community education be free from racial and sexual stereotyping and religious bias. Instruction must include accurate and complete information on pregnancy prevention and on the prevention of sexually transmitted diseases and AIDS [Judith Selle and Sister Rosemarie Fisher].

D. Exempt pupil services personnel and teachers from having to report any minor for a protective services investigation when the minor admits to having engaged in sexual relations, but do not allow this exemption in cases where actual abuse is suspected [Judith Selle, Professor Betty Chewning and Sister Rosemarie Fisher].

E. Develop a program to assess the academic ability of each student and, where appropriate, provide tutoring, including tutoring by volunteers. Along with regular school programs, include instruction in music, theater, dance, painting, photography and other visual arts [Dr. Hania Ris].

F. Require speciality certification for teachers and health care personnel who work with adolescents [Brian Theiler].

G. Provide $500,000 general purpose revenue (GPR) in 1991-92 and $500,000 GPR in 1992-93 to establish an adolescent pregnancy prevention program in Milwaukee, to be jointly developed and administered by the Department of Public Instruction (DPI) and Milwaukee Public Schools [Representative Barbara Notestein, based on a DPI 1991-93 budget proposal].

H. Establish four abstinence-based pilot programs designated by DPI, subject to approval by the affected school and school board in the following locations: (1) one urban junior high school; (2) one urban senior high school; (3) one rural junior high school; and (4) one rural senior high school.

DPI would develop a curriculum for use in the selected schools, for a pregnancy prevention educational program that promotes abstinence exclusively; self-esteem; decision-making skills; respect for others; assertiveness training to abstain from sexual activity; peer support groups to abstain from sexual activity; positive role-model mentors and responsible behavior and success skills. Parental consent would be required before a student would be eligible to participate.

The program would include an evaluation component, in which DPI would designate control schools where the program is not offered, in order to provide a comparison with the schools offering the program. The objective of the evaluation component would be to determine the effects of the program on teen sexual activity and the incidence of sexually transmitted diseases, pregnancies, births and abortions [Senator Timothy Weeden and Representative Susan Vergeront].

II. SUGGESTIONS RELATED TO HEALTH AND COMMUNITY PROGRAMS

A. School-Based and School-Linked Clinics

1. Provide additional funding for school-based and school-linked clinics that provide comprehensive services to teens [Daniel Nerad, Brian Theiler, Judith Selle, Dr. Hania Ris and Professor Betty Chewning]. In rural areas, develop adolescent clinics in cooperation with area hospitals [Brian Theiler]. In establishing the new school-based and school-linked clinics, of which there would be at least three, priority would be given to schools where at least 20% of the students are eligible for subsidized meals [Professor Betty Chewning].

2. For school-based and school-linked clinics, leave the issue of whether contraception may be provided to local discretion [Brian Theiler]. For school-based and school-linked clinics, provide contraceptive services where requested and as required by health considerations [Judith Selle]. Comprehensive mental and physical health services would be required, including the distribution of contraceptives [Professor Betty Chewning].

3. Provide start-up funds for three school-based or school-linked comprehensive health clinics. The clinics would be located in urban and rural school districts selected by DHSS as demonstration programs. The grant recipients would be required to be certified to provide HealthCheck services. HealthCheck is a federally-mandated, state-administered program that is funded with federal and state Medical Assistance dollars and provides reimbursement for comprehensive preventive health examinations and services for children and young adults under the age of 21 who are eligible for Medical Assistance. The federal program is called Early Periodic Screening, Diagnosis and Treatment or EPSDT.

DHSS would award the start-up funds jointly to school districts and health care providers in areas of the state with a high incidence of teenage pregnancy, as determined by DHSS based on selected risk factors. These risk factors, as applied to the 11- to 19-year old population in that school district would include: (a) a high pregnancy rate; (b) a high rate of sexually transmitted diseases; (c) a high rate of Aid to Families with Dependent Children (AFDC) participants; and (d) a high number of persons with no, or inadequate, health insurance.

Applicants for the start-up funds would be required to specify all of the following, based on decisions of a community advisory committee: (a) how the applicants will provide a full range of health care and health-related services such as counseling and case management; (b) that contraceptive services will be available and the manner in which they will be provided; (c) the type of parental consent required for minors to receive services; and (d) a description of the type of formal agreement for coordination between the school district and a community-based health care provider, such as a local public health agency or community health center, or an institutional health care provider.

Funds awarded under this program could be used for establishing a comprehensive health clinic located in or near a school; providing case management; providing training of health care providers in order to receive federal certification as a Medical Assistance provider; providing transportation services to make clinical services more accessible; public education and outreach; and to purchase contractual billing services. The demonstration program would include an evaluation component [Senator Gary George; Representatives Barbara Notestein, Peggy Rosenzweig, Peter Bock and Alberta Darling; and Hannah Rosenthal].

B. Other Health and Community Program Suggestions

1. Develop a project in the Milwaukee area, using the existing health care network, to promote: (a) sexual abstinence and male responsibility; and (b) sexual responsibility by encouraging sexually active teenagers to use birth control effectively. The state should fund education and outreach, free contraceptive care for minors and enhanced services (e.g., follow-up contacts and counseling) [Judith Selle].

2. Provide for easy access to contraceptives, with respect for client confidentiality, and availability of abortion services [Dr. Hania Ris].

3. Provide additional state funds for family planning services to: (a) increase clinic hours to cover times that are most convenient for adolescents; (b) provide free exams and contraception; and (c) increase the number of family planning clinics where access is limited by distance or transportation barriers [Professor Betty Chewning].

4. Enhance Wisconsin's family planning network by:

a. Encouraging all family planning clinics to provide on-site services (counseling, exams and supplies are all provided in the same clinic and can be provided in a single visit).

b. Providing more funds ($7,500 per person) to train nurses as nurse practitioners to work in family planning clinics so that more services (e.g., exams) can be provided on-site.

c. Providing sufficient funding to subsidize lab fees charged by the State Laboratory of Hygiene for pap tests, chlamydia exams, human immunodeficiency virus tests, etc., and fund more positions to process exams (pap tests can take six weeks, as opposed to five days at the local hospital).

d. Providing more funds for advertising services of family planning clinics and informing the public about clinics and their sliding fee scales. The advertisements could be generated at the state level with toll-free numbers to receive calls centrally and refer callers to local services [Representative Barbara Notestein, based on a suggestion by Deborah Wright, Dunn County Family Planning Clinic].

5. Change Medical Assistance prescription reimbursement policies to permit women to fill prescriptions for several cycles' worth of birth control pills at a time. Currently, women on Medical Assistance may only purchase one cycle of pills at a time [Representative Barbara Notestein, based on a suggestion by Deborah Wright, Dunn County Family Planning Clinic].

6. Provide a focus on family-oriented approaches to teen pregnancy prevention, rather than focusing on programs that are directed exclusively to adolescents or pre-adolescents [June Martin-Perry].

7. Promote programs that involve a multifaceted approach to teen pregnancy prevention since a single program or agency cannot address the problem alone [June Martin-Perry].

8. Create a grant program to provide funds to community nonprofit organizations or public agencies to provide comprehensive education programs and services. Programs could include parenting skills, self-esteem, decision-making skills, positive role-model mentors and assertiveness training. Services could include substance abuse, mental health and academic support, financial, legal and vocational training and child care.

The programs would be developed by a community advisory panel made up of health professionals, community leaders, school principals, students and parents. The Division of Health in the DHSS would evaluate the number and characteristics of adolescents and parents educated and served, the educational programs and services provided and the results achieved, particularly with respect to the teen pregnancy rate in that community [Senator Timothy Weeden and Representative Susan Vergeront].

9. Establish five pilot programs of mobile health care teams, administered by the DHSS, Division of Health. Two programs would be located in Milwaukee and three would be located in other parts of the state. The teams would provide general health care to high school-aged children, particularly high-risk, low-income children.

Teams would consist of a physician and a nurse and could possibly include a dentist, dental hygienist or social worker. Services could include general physical exams, immunizations, dental care and hygiene, health education, drug and alcohol education, nutrition education, mental health screening and referrals to a local physician for cases needing additional services.

Any student with parental permission could be served by a team, but services would be targeted toward low-income children in underserved areas. A full report of all findings and of all services provided must be transmitted to the child's parent or guardian.

This program would include an evaluation component [Senator Timothy Weeden and Representative Susan Vergeront].

10. Create a Healthy Start outreach program for pregnant adolescents in schools. [Healthy Start is a program that uses a combination of state and Federal Medical Assistance funds to provide health care services to low-income children and pregnant women.] Under this proposal, health-related specialists (such as school nurses, social workers, counselors and public health nurses) would provide outreach services, including identifying and contacting school-age pregnant adolescents who are in school or have dropped out of school; assessing prenatal care needs; determining eligibility for Medical Assistance under the Healthy Start program; assisting in the application process; and assessing additional health care needs.

DHSS would conduct an evaluation of the effect of this program on the health of participants and pregnancy outcomes [Senator Timothy Weeden and Representative Susan Vergeront].

11. Develop focused, comprehensive strategies in a small number of communities where the teen pregnancy rate is high, rather than attempting a broad, unfocused and widespread effort statewide [Professor Stephen Small].

12. Provide grants to communities that have coalitions designated under suggestion III, E, below, for developing comprehensive teen pregnancy prevention plans and corresponding programming. Grants would be awarded based on criteria that include: (a) the ability to demonstrate need; (b) the willingness of community organizations to work together; (c) adherence to current principles of teen pregnancy prevention; and (d) the ability to evaluate the proposed plan [Professor Stephen Small].

13. Require DHSS to distribute HealthCheck guidelines, including those specific to sexuality and sexual maturation, to Health Maintenance Organizations (HMO's) and other providers [Mark Daley].

14. Make available and distribute to HMO's and providers any patient education materials on growth and development and sexuality [Mark Daley].

15. Have DHSS develop and implement a provider education series, hosted by HMO's [Mark Daley].

16. Conduct outreach and follow up with "at risk" populations to promote a primary relationship with a health care provider. HMO's would develop age-specific, culturally relevant materials for parents, teens and pre-teens (ages 10-12) [Mark Daley].

17. Make use of generation of data and reports by HMO's, such as HealthCheck evaluations by age [Mark Daley].

18. Ensure provider reimbursement, including reimbursement of school-based clinics, for HealthCheck services [Mark Daley].

19. Work with consumer advocacy groups, the Life Options Coalition in Milwaukee and similar coalitions throughout the state, to identify local community-based services/programs so providers can be made aware of these options [Mark Daley].

20. Require DHSS to contract with consumer and advocacy groups in Milwaukee to conduct a series of consumer access and education workshops. Possible sites could include community health centers, community centers, food pantries and low-income energy assistance offices [Mark Daley].

21. Require DHSS to contract with public relations organizations to work with HMO's to develop specific educational materials to help recipients access health care services and understand the human services pathways [Mark Daley].

22. Use the Pregnancy Outreach Appropriation/Program, which funds income maintenance workers in Milwaukee County for the purpose of enrolling eligible pregnant women in the Medical Assistance program, as a model for developing future proposals. Require DHSS to expand and broaden the scope of this program to include outreach for other services. This could also be accomplished through out-stationed income maintenance workers [Mark Daley].

23. Require DHSS to seek a federal waiver to include translation and interpreter services as a covered service under Medical Assistance [Mark Daley].

24. Follow up on the DHSS Healthy Start outreach initiative and consider providing funds to community-based programs for this purpose [Mark Daley].

25. Expand the Healthy Start program to women whose income levels are equal to or less than 185% of the federal poverty level. Re-examine the procedures in place in Milwaukee County to determine eligibility and to enroll eligible women and children [Mark Daley].

III. OTHER SUGGESTIONS

A. Provide competitively awarded grants of up to $25,000 each to communities for community awareness campaigns on teenage pregnancy, with grant funds to be used for public service announcements and "town meetings" for teens [Daniel Nerad].

B. Provide funds jointly to school districts, community agencies and businesses to develop and implement mentor programs aimed at teenagers who are at the greatest risk of becoming pregnant [Daniel Nerad].

C. Create a state adolescent committee consisting of representatives of DHSS, DPI and the Adolescent Pregnancy Prevention and Pregnancy Services (APPPS) Board and public members to coordinate statewide programs for adolescents and families. Also create regional committees to carry out mandates from the state and to coordinate local programs and evaluations [Brian Theiler].

D. Create a state interagency group consisting of lead staff from the Divisions of Health and Community Services in DHSS, DPI and the APPPS Board to plan, advocate for, develop funding plans for, help coordinate and evaluate state adolescent pregnancy prevention initiatives. Designate an agency to be responsible for facilitating the work of the Interagency Task Force and provide that agency with a half-time staff person [Professor Betty Chewning].

E. Require communities to establish community boards with representatives from human service agencies, businesses, churches and others to develop a local plan for teenage pregnancy prevention [Daniel Nerad]. Designate a neutral and respected state agency to provide leadership for organizing local coalitions in chosen communities and providing technical assistance on program design and implementation. These coalitions would be responsible for developing a community prevention plan [Professor Stephen Small].

F. Increase funding under the Choices program to $500,000 per year and increase the amount of grants to $50,000 per grant. Require that grant applications be submitted by local multi-agency groups that provide local services for high-risk preteen and adolescent females, including

alcohol and other drug prevention and treatment services, mental health services, juvenile justice system services, school systems and family planning services. The state interagency group, under suggestion III, D, above, should work with grantees to allow them to augment their funding by pooling money from categorical programs [Professor Betty Chewning].

G. Require the APPPS Board to evaluate projects which the Board funds through a request-for-proposals process and make recommendations to DHSS on which programs should become part of a state-funded ongoing prevention program. Also, require DHSS to evaluate ongoing programs for replication and adaptation to different areas and different populations [Sister Rosemarie Fisher].

H. Provide $100,000 to promote effective evaluation and assessment of the need for the state's adolescent pregnancy prevention initiatives. The distribution of these funds would be coordinated by the state interagency group under suggestion III, D, above [Representatives Peggy Rosenzweig and Alberta Darling; Professor Betty Chewning, Sister Rosemarie Fisher and Hannah Rosenthal].

Provide that the state's policies and programs are sufficiently evaluated. Examine other positions and negative outcomes that result from policies, not just teen pregnancy rates. Attempt, in making evaluations, to understand the conditions under which particular programs are effective. Make sufficient funding available to evaluate policies that are proposed, with evaluation conducted by an outside agency or agencies without a vested interest in the outcome [Professor Stephen Small].

Build an evaluation component into programs that are established by using pre- and post-participation tests and consumer satisfaction surveys [June Martin-Perry].

I. Provide funding for research on teen pregnancy prevention and the effects of teen pregnancy [Professor Richard Passman].

J. Provide, in any mentoring programs, a component that involves initial and continuing training. Establish a training program to teach parents how to "mentor" their own children [June Martin-Perry].

K. Provide client input into programs that are established by using advisory boards [June Martin-Perry].

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